office. It is particularly agreed and understood that each and every employe covered by this contract shall be entitled to unrestricted choice of available physicians who are members of the Oregon State Medical Society and are licensed by the Oregon State Board of Medical Examiners, in the treatment of any illness or injury, excepting that C.B.H.A. shall retain the right to direct the medical or surgical procedure in every case when in the opinion of C.B.H.A. such direction is required for the welfare of the patient.

2. *Emergency Care*: In the event that an injury or illness is sustained within the State of Oregon by an employe entitled to these benefits and the services of licensed physicians are not available, the Employer or the employe may call the nearest available doctor of medicine, to render emergency services to such injured or ill employe until such time as a licensed physician can render said employe attention, and the expense of the emergency treatment will be defrayed by C. B. H. A. at regular published State of Oregon rates for such service. It shall be the duty of the Employer or other involved party to notify immediately C. B. H. A. that said injured or ill employe is in need of medical attention and is being attended by an emergency physician, and the failure so to do shall relieve C. B. H. A. of all further responsibility and care of said employe excepting for actual emergency treatment. Emergency treatment includes surgical operations only when specifically authorized by C. B. H. A.

3. *Care of Traveling Employes*: Employes who are entitled to the benefits of this agreement and may be injured or taken sick while outside of the State of Oregon shall be entitled to the service of a licensed doctor of medicine, and hospital service for serious cases, in the nearest city or town where the same may be available, said services to be paid for by C. B. H. A. on the basis of regular published State of Oregon rates for such services. It shall be the duty of the injured or ill employe to notify C. B. H. A. as soon as possible that he is in need of or is receiving medical care. Failure on the part of said employe to give such notice to C. B. H. A. shall relieve C. B. H. A. from all obligations or liability in connection with any services other than emergency treatment. It is understood that emergency treatment includes surgical operations and extended hospital care only when specifically authorized by

C. B. H. A. Services hereunder are limited to the Continental United States.

4. *Specialists*: Services of specialists will be provided upon the recommendation of any attending physician and surgeon. Services of eye, ear, nose and throat specialists will be furnished when needed for the care of injury or disease of the eye, ear, nose or throat.

5. *Dental Service*: The expense of dental service to be borne by the Association consists of treatment for toothache, treatment for acute conditions affecting the gums, extraction of diseased teeth giving acute pain, and
11164 dental X-rays and extraction where teeth are abcessed and affecting the employe's general health. Dental services do not include treatment for pyorrhea, fillings, crowns, bridges or artificial teeth, or extraction of unerupted impacted teeth, except when such teeth are acutely infected. This contract does not limit the number of teeth to be extracted if the need of the same is approved by any doctor of the Association.

6. *Medicines for Hospitalized Patients*: C. B. H. A. will furnish all necessary medicines, medical and surgical supplies which may be used or prescribed by the attending physicians or surgeons in the treatment of said employes while they are receiving necessary care in recognized hospitals as stipulated in this agreement. Serums and antitoxins will be furnished for the treatment and/or prevention of virulent diseases specifically including pneumonia, diphtheria, typhoid fever, smallpox, erysipelas, tetanus, infantile paralysis, meningitis, scarlet fever, undulant fever, rabies, malaria fever, amoebic dysentery, where the employe has definitely been exposed or has contracted the disease and such constitutes accepted therapy or prophylaxis.

7. *First Aid Supplies*: Medicine chests shall be immediately delivered to the employer and be maintained during the life of this contract at such station or stations as may be indicated by the employer, the chest to contain the usual articles, such as salve, disinfectant, liniments, cotton, bandages, etc., for the use of the employes of the employer who, under this contract, may be entitled to the benefits hereof. The chests and contents not used are to be returned to the Association at the termination of this contract, and

the Association will endeavor to see that these kits are accessible to the employes at any time of the day or night.

8. *Hospital Services* C. B. H. A. will bear the expense of hospital service and accomodations when required for the treatment of such employes in approved general hospitals, or as may be arranged for by C. B. H. A. Such hospital service shall include ward accomodations, board, hospital staff nurse, use of surgery, X-rays, laboratory service, and medical and surgical attendance.

Private rooms will be provided in those cases of a serious nature which in the judgement of the attending physicians require quiet surroundings and special care. Should any such injured or ill employe not require special services but nevertheless desire a private room in said hospital, C. B. H. A. agrees to pay such proportion of the cost of such room as C. B. H. A. would be required to pay for ward service during the same period of time.

9. *Ambulance Service*: C. B. H. A. shall provide the necessary ambulance service or other appropriate transportation for conveying the seriously sick and injured to such hospitals as are appointed by C. B. H. A. to render hospital service in the event that ordinary available transportation shall not be suitable.

10. *Special Nurses*: Services of special nurses shall be provided for serious hospitalized cases when in the judgment of the attending physicians or surgeons special nurse service is required.

11. *X-ray Service*: X-ray service shall be provided in cases of suspected fracture, and in all other injury or medical cases when use of X-ray shall be deemed advisable by the attending physicians or surgeons.

12. *Physical-Therapy*: Physical-therapy treatments shall be provided in all cases when in the judgment of the attending physicians or surgeons such treatment shall be indicated.

13. *Physical Examinations*: One yearly examination of the entire body, including examination of the heart, lungs, blood presure, hemoglobin blood test and analysis of the urine will be made by physician members of C. B. H. A. upon request of the employe. Wasserman tests, blood counts, flouroscopic and X-ray examinations are not included excepting when the examining physician finds

specific need for same and obtains authorization. Examinations requiring certification are not furnished nor will examinations be provided during the first 6 months of membership in C. B. H. A., excepting as provided in Section 17(c).

14. *Refractions*: Eye examinations and testing for glasses will be furnished by eye specialists, providing that the employe has been continuously under protection for at least 3 months, unless this service is necessary in the freatment of an acute illness or injury. Glasses will not be furnished by C. B. H. A.

15. *Prophylaxes*: C. B. H. A. will furnish such prophylactic measures as may be necessary in preventing the spread of disease among employes of the Employer. This service includes cooperation with State Board of Health in the analysis of drinking water and general sanitation work. Vaccination and inoculation of employes including the furnishing of vaccines and serums, will be provided in the treatment of and to prevent infection and spread of virulent diseases such as smallpox, typhoid fever, pneumonia, tetanus, etc., when the employe has been definitely exposed or has contracted the disease and such use constitutes accepted therapy or prophylaxes.

16. *Welfare Department*: C. B. H. A. will maintain a welfare department through which it will report to the Employer the condition and progress of patients under its care as requested by the Employer, and will report on such other matters as in its judgment are of special interest to the Employer, including matters which may in any manner affect claims for Workmen's Compensation and those affecting the general welfare of the employes of the Employer.

17. *Medical, Surgical and Hospital Coverages*: It is mutually understood and agreed that this agreement shall cover hospital, medical and surgical treatment, and other services as hereinbefore provided in the following cases:

a. All accidental injuries received by an employe during the term of his coverage excepting industrial accidents.

b. All acute sickness suffered by an employe at any time during the term of his coverage, excepting acute ill-

nesses diagnosed and/or being treated at the time the employe is first covered under this agreement.

c. Chronic conditions that become acute will be treated for all present covered employes, providing that such conditions did not originate prior to the time that such employes were first protected under C. B. H. A. Full Coverage Medical Service or under a like or substantially similar service of another medical contractor, when such coverage is immediately preceding coverage under this agreement. Future employes will be entitled to coverage for chronic conditions that become acute providing such conditions did not become active or manifest themselves during the employe's first six months of membership. This will include hospital care and medical and surgical care when needed for such conditions as goiter, stomach ulcers, gall stones, kidney stones, traumatic deviated septums, sinus conditions, hernia, cancer (including treatment by radium), diseased tonsils, tuberculo-
11165 sis, neoplasms, chronic appendicitis, diseases of the prostate gland and diseases of the female reproductive organs. Chronic conditions originating prior to the time that such employes were first protected under C. B. H. A. full coverage medical service or under a similar service of another medical contractor are not covered by this contract. "Chronic conditions" as used herein are those conditions of prolonged duration characterized by slowly progressing symptoms as differentiated from "acute conditions" which are defined as those ailments of recent origin, coming speedily to a crisis and requiring immediate medical and/or surgical care.

18. *Exemptions and Limitations*:

a. The benefits of this agreement do not apply to industrial accidents, insanity, mental disorders, pregnancy or childbirth or their results, venereal diseases, alcoholism, drug addiction, pyorrhea, unerupted impacted wisdom teeth, deformities, congenital physical defects, attemps at suicide, injuries resulting from professional competitive sports; nor to any condition that is active, diagnosed or under treatment at the time of the employe coming under this agreement, subject, however, to the provision of section (17) of this agree-

ment, nor to injuries occuring to the employe prior to the date such employe comes under the terms of this agreement. The benefits likewise shall not apply to injuries resulting from acts of personal violence in which the injured employe was the aggressor, nor to injuries or illness sustained as a result of the use of intoxicating liquors, drugs or narcotics by the injured or ill employe and where the use of such intoxicating liquors, drugs or narcotics was the primary cause of the sustaining of such injuries or illness.

b. C. B. H. A. shall not be required to furnish hospital, nursing or ambulance services for diseases subject to quarantine, but shall furnish physicians' services.

c. All benefits herein provided for are limited to one year from the date of first treatment of any particular condition involved, resulting from a separate and distinct cause. Hospital care is limited to six months and private rooms are limited to thirty days in any one case, excepting that in any case involving cerebal conditions, tuberculosis, malignant neoplasms or cardiovascular renal disease the period of hospital service shall be limited to three months. C. B. H. A. liability for the furnishing of hospital and/or sanitarium care in cases of tuberculosis shall be limited to a cost not greater than that encountered in cases receiving care at the Oregon State Tuberculosis Hospital. It is understood that the period of thirty days provided herein for private rooms shall be considered as a part of the total hospital and/or sanitarium care as provided for herein. Special nursing care is limited to thirty days' service in any one case.

d. Materials for allergy treatments will not be furnished. C. B. H. A. will provide the services of physicians as required for the rendering of necessary blood transfusions, and the cost of furnishing blood will be assumed when provided by professional donors.

e. Injuries resulting from employment are not included in this agreement, it being understood that the medical, surgical and hospital care, etc., for such cases are under the supervision and control of the State Industrial Accident Commission, other insurance carrier, or the Employer.

f. The benefits of this agreement do not apply to any injury or illness of any employe caused by the negligence or wrongful act of any other person except that if an employe entitled to the benefits of this agreement is injured or suffers illness because of the wrongful act or negligence of any other person and thereafter makes all reasonable effort to recover from said other person and anyone responsible for said other person, C. B. H. A. will supply to said employe all benefits of this agreement that cannot be made available with the funds recovered.

g. To make it financially possible for C. B. H. A. to furnish all the services stipulated herein, it is agreed between the parties hereto that employes requiring hospital care, surgical operations, or medical services for any of the conditions named herein, shall be entitled to the same only in hospitals appointed by the attending physician rendering such services, and by physicians, surgeons and specialists who are then members of the Oregon State Medical Society and licensed by the Oregon State Board of Medical Examiners for this purpose, excepting as provided otherwise for emergency services.

19. *Arbitration Provisions*: Should C. B. H. A. or its attending physicians at any time during the life of this contract determine that any employe of the Employer is not entitled to the treatment or any treatment herein stipulated, and shall determine that such employe is in the class eliminated or partially eliminated from benefits herein contemplated, then, in that event, the Employer or the employe shall have the right to call in a competent and duly licensed practicing medical physician or surgeon, to examine such person for the purpose of determining whether or not the physicians of C. B. H. A. have correctly determined the liability in the case as hereinbefore mentioned. If such consulting physician and the physicians of C. B. H. A. shall be unable to agree, then in that event, C. B. H. A. and the Employer shall select a competent skilled medical physician or surgeon, duly licensed under the laws of this State, as arbitrator to make examination and determine liability in the case, and furnish his determination to the parties hereto. When such determination shall be furnished, the same shall be final and if such determination shall be contrary to the determination of the physician or physicians of C. B.

H. A., C. B. H. A. shall pay the fees of the consulting physicians and also a reasonable fee of the physician arbitrator. If the determination of the physician arbitrator shall substantially agree with the determination given by the physician or physicians of C. B. H. A., then, in that event, the said employe shall be responsible for the fees of such consulting physician and arbitrator physician.

20. *Payroll Deductions and Payments*: In consideration of the agreements hereinbefore set forth, to be kept and performed by C. B. H. A., the Employer agrees to pay C. B. H. A. on or before the fifteenth day of each and every month hereafter, during the time this agreement shall remain in effect, as follows:

a. Three Dollars and Fifty Cents ($3.50) for each employe covered under this contract who began his employment on or before the fifteenth day of the preceding calendar month and was employed four or more days in said month.

b. One Dollar and Seventy-five Cents ($1.75) for each employe who began his employment after the fifteenth day of the preceding calendar month and was employed four or more days in said month.

c. Ten cents ($.10) per day for each employe who shall have been employed three days or less in the preceding calendar month.

11166 d. The Employer shall not be required to pay to C. B. H. A. the hospital fee for the current month for any person who, upon entering the employment of the Employer, shall hold a certificate entitling him to medical, surgical and hospital accommodations in any medical service organization in Oregon or Washington. This exemption in the payment of hospital dues shall apply only to the month in which such employe begin his employment with the Employer. It is mutually agreed between the parties hereto that C. B. H. A. shall not be required to furnish any of the services stipulated herein for any accidental injury received outside of employment or for any sickness contracted during the period for which the Employer is exempted from paying hospital fees, it being the intention that for such injury or sickness said employe shall apply for hospital and medical services

to the medical service organization represented by the certificate he holds.

e. It is further understood and agreed by and between the parties hereto that in case any employe for whom the Employer has paid to C. B. H. A. the hospital fees for any calendar month or payroll period, or has deducted such amount from the wages due said employe in settlement of same, shall leave the employe of the Employer before said calendar month or payroll period shall have expired he shall be entitled, notwithstanding such fact, to all the benefits provided by this agreement for injuries and diseases which C. B. H. A. undertakes by this contract to take care of, which may occur to said employe during such period of time as such services are paid for.

f. When employes are temporarily away from their work because of plant shutdown, either due to seasonal shutdowns or labor disputes, they may at their option retain their protection by applying individually to C. B. H. A. within 10 days of the date of the plant shutdown. It is, however, agreed that arrangements may be made, with the approval of the Employer, among the employes or their representative to continue their protection by arranging for salary deductions of hospital dues upon their return to work for the months that protection was continued. Such protection shall not continue longer than 3 months without the actual payment of premiums monthly in advance.

g. The Employer agrees and promises that C. B. H. A. may, at proper times, examine the payroll of the Employer for the purpose of auditing the same in connection with the fees agreed to be paid by the Employer.

21. *Contingent Liability Protection:* It is specifically agreed that C. B. H. A. shall save the Employer harmless in the event that suit is brought or any judgment obtained against the Employer on any claim on account of alleged malpractice, neglect or any act of omission or commission on the part of C. B. H. A. or any of the agents of C. B. H. A.

22. It is understood and agreed by and between the parties hereto that this agreement shall remain in full force

and effect from the.....day of....., 19....., to the thirty-first day of December, 19....., or for such part of said period as the parties hereto shall perform the duties herein provided for, and that this agreement can be terminated or rescinded by either party by rendering thirty days' notice in writing to the opposite party that the agreement herein contained is being violated. In the event that payments are not received from the Employer in accordance with Section (20) hereof, C. B. H. A. shall have the right to cancel this agreement at any time by rendering of fifteen days' notice in writing of such cancellation.

While by its terms this agreement expires on the thirty-first day of December, 19....., it is agreed that unless one party to this agreement gives to the other, at least thirty days before the expiration of said period, written notice of its election that the agreement shall terminate at the said time, it will continue in full force and effect for the succeeding calendar year and thereafter will continue in full force and effect from year to year unless at least thirty days prior to the expiration of any calendar year one party shall give to the other written notice of its election so to terminate.

C. B. H. A. shall have the right to modify the benefits and/or adjust the consideration consistent with changing conditions to be effective the first day of any month by the rendering of written notice to the Employer concerning such revisions at least forty-five (45) days prior to the effective date of such revision. In such an event the Employer shall have the privilege of terminating this agreement on the first of the month date of proposed change by sending written notice of such termination to C. B. H. A. at least fifteen (15) days prior to such date.

IN WITNESS WHEREOF, the parties hereto have caused these presents to be executed, in duplicate, by their respective officers, pursuant to authority heretofore granted, as of the date first hereinabove written.

COOS BAY HOSPITAL ASSOCIATION

.....

Employer

By .....

Manager

By .....

Plaintiff's Exhibit 1607

11167 September 1, 1948.

Dr. Hunt, English, or
any other attending physician,
Lubbock, Texas:

Dear Doctor:

This is to certify that John M. Sellen was injured while working at the Irwin-Lyons Logging Camp.

We are responsible for industrial injuries sustained by employes of Irwin-Lyons, and all bills for care of Mr. Sellen due to his injury should be forwarded direct to the Coos Bay Hospital Association.

Thanking you in advance for your services to Mr. Sellen, we are

Very truly yours,
Coos Bay Hospital Association
Thos. J. Kingsley, Manager

TK:gm

Plaintiff's Exhibit 1612

11168 .....CLASS

UNITED STATES POST OFFICE

IN REPLYING
MENTION INITIALS AND DATE

Coquille Oregon
April 28, 1945.

Coos Bay Oregon.

Dear Sir:

Please be informed that Anna H. Smith, a member of the Coquille Postal Employees group under your coverage received medical treatment from a Physician in Brownwood, Texas recently while on a visit there to see her husband. I have forwarded a Hospital coverage ticket to her and no doubt it will be sent to you in a short while. I be-

lieve it was only for one or two office calls for a slight illness.

Respectfully

Coquille Postal Employees

(Signed) MARIAN R CLAYTON
Secy.

Plaintiff's Exhibit 1621

11169

FRED BIEL

Medical Fabrics Distributor

CLINICAL THERMOMETERS, SYRINGES, HYPODERMIC NEEDLES
ELASTIC BANDAGES, SURGICAL STOCKINGS, VETERINARY SUPPLIES

---

610 PEOPLES BANK BLDG. : : PHONE SENECA 1215
SEATTLE 1, WASHINGTON

May 3rd, 1948

Pacific Hospital Association,
101 Miner Bldg.,
Eugene, Oregon

Dear Sirs,

I want to inform you that I have still a good stock in uncut Dressings 3" x 5 yd. The price is $2.65 per box.

This uncut dressing will be discontinued in the near future. Should you need any, please let me have your order at once.

Thanking you in advance,

yours very truly,

(Signed) FRED BIEL
Fred Biel

Plaintiff's Exhibit 1622

11170 January 21, 1947,

Abbott Laboratories
971 Thomas Street
Seattle 9, Washington

Gentlemen:

Will you please ship direct to Dr. W. E. Harris, Westfir, Oregon, and charge our account with one dozen 300,000 units Penicillin in wax.

Very truly yours,
PACIFIC HOSPITAL ASSOCIATION
C. F. Wright, Mgr.

CFW:GN

Plaintiff's Exhibit 1623

11171 October 23, 1947

Abbott Laboratories
970 Thomas Street
Seattle 9, Washington

Gentlemen:

Will you please ship direct to Dr. W. E. Harris, Westfir, Oregon, and charge our account with one gallon Metaphen.

Very truly yours,
PACIFIC HOSPITAL ASSOCIATION
C. F. Wright, Mgr.

CFW:BT

Plaintiff's Exhibit 1625

11172

THE BORDEN COMPANY

Chemical Division

DURITE
REG. U.S. PAT. OFF.

CASCO
REG. U.S. PAT. OFF.

6010 AIRPORT WAY, SEATTLE 8, WASH.
TELEPHONE: RAINIER 3700 TELETYPE: SE-275

April 28, 1949

Pacific Hospital Association
343 Eugene Medical Center
Eugene, Oregon

Attention: Mr. C. F. Wright, Manager

Gentlemen:

A contract exists between the Pacific Hospital Association of Eugene, Oregon and The Borden Company, Chemical Division, covering all necessary medical, surgical and hospital service for the employees of The Borden Company, Chemical Division, in its operations in Lane County, Oregon.

In accordance with provisions contained in Article XII of this contract, notice of cancellation of this contract, effective July 1, 1949, is hereby given. Payroll deduction of participating employee premiums will only be made to provide coverage under this contract up to and including June 30, 1949.

We appreciate the services rendered to our employees under this contract and thank you for your cooperation.

Very truly yours,

CHEMICAL DIVISION

(Signed) P. B. SMITH
P. B. Smith
Assistant to Vice President

PBS/adp

Plaintiff's Exhibit 1626

11173 January 31, 1949

Borden Company Chemical Division
6010 Airport Way
Seattle 8, Washington

Gentlemen:

Complying with the request of your Springfield office, we are enclosing herewith, a sample copy of our present contract covering your Springfield employees, together with a sample copy of a tentative family contract which would cover families of present employees in this plant.

For your information, the family plan is presented to groups of employees who have been under our coverage for six months and we accept them if they desire our family plan, if 50% of the eligible employees agree to contribute for their families. The main restriction in the family coverage is that we are not responsible for the care of regular sick calls or ordinary medical calls in the doctors office or in the home. Our coverage includes only minor or major operations or fractures or dislocations in the doctors office. Any cases requiring hospitalization either for sickness, surgery, or accident are covered under the family plan. We are also enclosing a few copies of a explanatory pamphlet on the family plan.

Very truly yours,

PACIFIC HOSPITAL ASSOCIATION

C. F. Wright, Mgr.

CFW:BB
Enclosures—3

Plaintiff's Exhibit 1627

11174 December 28, 1948

Borden Company Chemical Division
6010 Airport Way
Seattle 8, Washington

Gentlemen:

Enclosed you will find three copies of a quarterly report showing payroll deductions made by your firm in favor of the Pacific Hospital Association. Will you please fill them out in full, be sure to sign, and return all three copies to this office. We are obliged to forward one copy to the State Insurance Department, one copy is kept in our files, and we will return one copy to you for your files acknowledging receipt of the deductions.

These reports are required by law to be completed and forwarded to the State Insurance Department by the 20th of the Month following the quarter for which they apply. There is, also, a penalty attached for not complying with this law. We ask your prompt cooperation in returning them to us.

Very truly yours,

PACIFIC HOSPITAL ASSOCIATION

C. F. Wright, Mgr.

CFW:BB
Enclosures.

Plaintiff's Exhibit 1628

11175 November 8, 1948

The Borden Company
Chemical Division
6010 Airport Way
Seattle 8, Washington

Gentlemen:

Thank you for your remittance for the month of October, 1948. You have been advised correctly to the effect that all remittances are payable within 10 days following the month for which the dues apply. This means that dues collected for the month of October are due in our office by

the 10th of November. Your cooperation will be appreciated.

Very truly yours,

PACIFIC HOSPITAL ASSOCIATION

C. F. Wright, Mgr.

CFW:BT

11176 THE BORDEN COMPANY

Chemical Division

DURITE
REG. U.S. PAT. OFF.

CASCO
REG. U.S. PAT. OFF.

6010 AIRPORT WAY, SEATTLE 8, WASH.
TELEPHONE: RAINIER 3700 TELETYPE: SE-275

November 4, 1948

Pacific Hospital Association
343 Eugene Medical Center
Eugene, Oregon

Attention: *Mr. C. F. Wright, Mgr.*

Gentlemen:

We enclose herewith our remittance in the amount of $45.00 covering our employees in our Springfield, Oregon plant.

We have been advised that this remittance covers the month of October, 1948 and that all remittances are payable within ten days following the month during which deductions are made from employees earnings. We would appreciate your confirmation on this.

Yours very truly,

CHEMICAL DIVISION

(Signed) SHALER H. WELLS
Shaler H. Wells
Office Manager

SHW/bj

Plaintiff's Exhibit 1629

11177 August 20, 1948

The Borden Company
6010 Airport Way
Seattle 8, Washington

Attention: C. S. Leonardson

Dear Sir:

This acknowledges receipt of yours of the 18th, regarding our proposed coverage for your employees in Springfield, Oregon.

This is to advise you that we will be glad to provide full immediate service for any of your present employees in Seattle who are now under another plan similar to ours and who may be transferred to Springfield next year.

Our only present restriction included in our contract regarding new employees stipulates that for certain chronic conditions they are not eligible for treatment until they have been under our coverage for six consecutive months. We will waive this restriction for your employees but we must still include it in the contract in order to restrict those new employees in the Springfield plant who have not been employed by you previously.

We are enclosing two copies of our regular contract and you will note that under "Special Provisions" we have waived this six months waiting period restriction. If this is satisfactory with you, we will be very glad to negotiate further as soon as we hear from you.

Very truly yours,

PACIFIC HOSPITAL ASSOCIATION

C. F. Wright, Mgr.

CFW:BT
Enclosures—2

11178

THE BORDEN COMPANY

CHEMICAL DIVISION

6010 AIRPORT WAY
SEATTLE 8, WASHINGTON

C. S. LEONARDSON
VICE PRESIDENT

August 18, 1948
(Dict. 8-17)

Pacific Hospital Association
Eugene,
Oregon

Gentlemen:

Your service is being considered in connection with employees at our plant in Springfield, Oregon and before taking any further steps we would like to get one problem clarified.

Along about the middle of 1949 we expect to transfer a number of employees from Seattle to Springfield and we wonder if such employees can be taken into the service with full, immediate, protection and if that is agreeable will you please submit contract forms providing for such transfer.

The employees in question are now covered by medical and hospitalization service in Seattle and we want to be sure that they do not lose any protection because of these transfers.

Very truly yours,

(Signed) C. S. LEONARDSON

Vice President
CHEMICAL DIVISION

CSLeonardson/adp

Plaintiff's Exhibit 1630

11179 March 27, 1946.

Cutter Laboratories
Berkeley, California

Gentlemen:

Please ship direct to Dr. W. E. Harris, Westfir, Oregon and charge our account with one gross, Special Toxok, double strength, with syringe container.

Very truly yours,
PACIFIC HOSPITAL ASSOCIATION
C. F. Wright, Mgr.

CFW:GT

Plaintiff's Exhibit 1631

11180

VERNON L. HART, M. D.
321 MEDICAL ARTS BUILDING
MINNEAPOLIS

ORTHOPAEDIC SURGERY
DISEASES AND INJURIES
OF BONES AND JOINTS

July 11, 1947

Mr. Michael Manick
Henriette, Minnesota

Dear Mr. Manick:

In reply to your letter of July 5th, I wish to inform you that I have sent a medical report of your case to the Surplus Line Adjusting Company.

I am enclosing your letters which you sent me and also an itemized statement of services, which the Pacific Hospital Association requested. I do not feel that this fee is excessive for services rendered. I am sorry you are having difficulty in collecting the amount you paid and I hope you will be successful in obtaining your reimbursement.

If I can be of any further assistance, please let me know.

Sincerely yours,

(Signed) VERNON L. HART
Vernon L. Hart, M.D.

VLH:MEL

Seattle, Wn
July 21, 1947

Dear Mr. Wright:

Enclosed are medical reports and itemized statement from Dr. Hart, which I hope will help you in determining the amount you owe me. Thank you. Please use my address at Henriette, Minn.

(Signed) MIKE MANICK

11181

Boulder, Colo.
Oct. 8, 1947

Dear Mr. Wright:

I received your letter the other day in which you stated I could not collect my total bill and to drop by at your office. As this is impossible, I can only write & request my money.

I am sorry on our disagreement as would I have known this I should have had Dr. Hart bill you and I wouldn't have been the loser. I do not see why I should be the loser in this as I paid my monthly insurance premium
11182 and had I stayed longer in the Eugene hospital it would have cost you much more.

If you wish my leg brace, which is in perfect condition, I can send that to you for which possibly you can make an allowance.

As I am unable to call at your office please send me the amount you decide you owe me and we will be squared up. Thank you.

Yours truly

(Signed) MIKE MANICK

11183 MONTHLY STATEMENT

VERNON L. HART, M. D.
321 MEDICAL ARTS BUILDING
MINNEAPOLIS

COPY MINNEAPOLIS, MINN. July 10, 1947

FOR PROFESSIONAL SERVICES to Michael Manick
Hines Lumber Company

April 14,	
X-rays	$ 5.00
Examination and advice	~~15.00~~
	5.00
April 15,	
Hospital—change of cast	*5.00*
Observation	
April 23,	
Office visit	*2.50*
May 7,	
Office visit	*2.50*
	~~30.00~~
May 22,	
Office visit	*7.50*
X-rays and advice	~~10.00~~
	~~$60.00~~
May 22,	
Credit by cash	~~$60.00~~
Paid in full.	
	~~000~~
	$27.50

(Signed) V L H
Vernon L. Hart, M.D.

11186 May 27, 1947.

Mr. Michael Manick
Henriette, Minnesota

Dear Mr. Manick:

This acknowledges receipt of your letter of the 22nd together with bills from Dr. Hart, The Swedish Hospital and The Brace Co. Please be advised that we cannot be responsible for a fee of $50.00 for Dr. Harts original examination, treatment and observation. $50.00 is entirely out of line with our fee for similar services here and in order to clarify the treatment, we request that you have Dr. Hart submit to you for you to forward to us, an itemized statement of his services to you so that we may determine how much of his fee we will pay. We would like to know how many calls you made to Dr. Hart.

Also, $35.00 for the cost of one Short leg Double Bar Brace is entirely out of line with our fees. We ordinarily pay $20.00 for that type of brace here in Eugene and we don't feel that we should have to pay the high cost of this service after having given you permission to go back there for continued care.

After you have forwarded this information to us, we will be glad to send our check covering the reasonable costs of your treatment.

Very truly yours,

PACIFIC HOSPITAL ASSOCIATION

C. F. Wright, Mgr.

CFW:CN

(The rest of this exhibit consisted of bills from a doctor, a hospital, and a medical appliance company located in Minneapolis, Minnesota. This exhibit came from the files of Prudential Hospital Association.)

Plaintiff's Exhibit 1632

11187 December 10, 1946.

The Upjohn Company
P. O. Box 3224
San Francisco 19, California

Gentlemen:

Will you please ship as soon as possible fifty thousand Cold Special Formula #2 Tablets. Your salesman has not called on us for some time and, consequently, we are ordering direct. The last order we placed with you was April 30, 1945, for the same #2 Cold Tablets.

Very truly yours,

PACIFIC HOSPITAL ASSOCIATION

C. F. Wright, Mgr.

CFW:GN

Plaintiff's Exhibit 1633

11188 PHYSICIANS AND HOSPITALS SUPPLY CO.
INCORPORATED

Manufacturers and Wholesalers

EQUIPMENT—INSTRUMENTS—SUPPLIES
PHARMACEUTICALS AND CHEMICALS

Minneapolis 15, Minnesota

July 8, 1947

Pacific Hospital Association
Eugene
Oregon

Gentlemen:

You certainly have a right to object to our shipping you 2-oz. dropper bottles instead of applicator bottles containing Novak's Solution. You also have some right to complain about the $9.17 express charge.

* * * * *

Plaintiff's Exhibit 1635

11189 * * * * *

September 3, 1948.

Weed Hospital
Weed, California

Gentlemen:

Enclosed you will find our check in the amount of $20.00 for services to Mr. Jacob Dockter, July 6th, 1948. This is the amount you included in your statement for services to Mr. Dockter only. We are not responsible for services rendered Mrs. Dockter or Bonnie Ray due to the fact that our coverage included only Mr. Dockter. We understand that the estate will pay the additional $25.00.

Very truly yours,

PACIFIC HOSPITAL ASSOCIATION

C. F. Wright, Mgr.

CFW:GN
Enclosure

Plaintiff's Exhibit 1674

11190 BULLETIN 67

Bureau of Medical Economic Research

FOUR RECENT ARTICLES ON MEDICAL ECONOMICS

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The Journal of the American Medical Association

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American Medical Association
Chicago 10

11192 A MEDICAL SERVICE AREA MAP OF THE UNITED STATES

A Progress Report

FRANK G. DICKINSON, PH. D.
Director, Bureau of Medical Economic Research
Chicago

For the first time, a medical service area map of the United States is presented. The maps of the eastern and western sections of the United States resemble a jigsaw puzzle because the areas vary so much in shape and size. (The two maps overlap slightly on the eastern edge of the western half and the western edge of the eastern half.) The areas are somewhat larger west of the Mississippi River. The boundaries of only a few of these areas coincide with the boundary of a county, and even in these few cases for a stretch of only a few miles.

There are 757 areas,[1] of which 212 areas straddle the boundaries of two or more states; the other 545 are intrastate areas. The areas are mutually exclusive and cover every square mile of land and every home in the United States. There are physicians in each area from whom the people of that area obtain most of their medical care. Every person in the United States lives in a medical service area where there are physicians. The distance to the nearest physician varies considerably. The completed study will show the approximate number of persons in each area who reside a considerable distance from the nearest town in which there is a physician.

TYPES OF CENTERS

There is only one set of areas, but there are three types of centers. At present there are 1,090 primary medical service centers, or roughly one and one-half primary centers per area. Eighty-seven of the 1,090 primary centers are prime-primary centers. The number of secondary centers cannot be tabulated until the new American Medical Directory is completed. Every town with one or more physicians is considered a secondary medical service center if it is not sufficiently important to be classified as a primary center. Unlike the primary, the prime-primary centers measure up to a uniform national definition. Each city so designated offers every type and kind of medical treatment and surgery. Many cities containing a considerable number of physicians are not designated as prime-primary centers because they do not provide brain surgery; in a

1. Cf. the 760 areas in Health Service Areas (Mountain, J. W.; Pennell, E. H., and Hoge, V. M.: Health Service Areas, Public Health Bulletin 292, Federal Security Agency, United States Public Health Service, 1945). In our study, as in theirs, the number of areas is approximately one fourth the number of counties.

few cases the absence of chest surgery has kept the city off this list of prime-primary centers.

The primary medical service center is one which, relative to the nearby towns, is a primary source of medical care. We have not followed any rule as to minimum size or minimum number of physicians or any other minimum measure of supply in choosing the primary center. In fact, some of the primary centers in the Rocky Mountain section contain few physicians, but, relative to the area served by these physicians, these towns are outstanding as sources of medical care and are properly designated as primary centers. On the other hand, there are towns in the East which are not so designated even though they have two or three times as many physicians as some of the primary centers in the Rocky Mountain area; the reason for not designating them as primary centers is that they are overshadowed by the primary centers—larger towns nearby with a larger number of physicians. The primary medical service center is essentially the same term as "primary trading center" used in market research. Our modification of this traditional marketing term should not obscure the fundamental concept involved. The primary medical service center and the medical service area belong in the literature of marketing as well as in the literature of medical economics.

AREAS: MEDICAL AND TRADING

Before a description of a medical service area is presented a few statements regarding the trading area idea may be helpful to physicians. Every store has an area from which it secures customers. The news counter in an office building draws most of its customers from the building. A neighborhood grocery usually draws its customers from the radius of a few blocks. Department stores in the central shopping section will attract customers from a distance of many miles. A retail trade area means the territory from which the retail stores in the principal center (or centers) secure a considerable part of the purchases made by the consumers in that area. The consumers in the smaller towns near the border of the area do more business in the center (or centers) of that area than they do in other areas.

In the present study we are concerned with the purchases of the services of physicians, not of groceries, hard-

ware or the better grades of women's dresses. The established procedures for laying out marketing areas have been followed in this study. In particular, we are trying to show where the patients live who are served by the physicians in the towns and cities of the area. Some patients do obtain some or all of their physician services outside their own area—a feature of all trading areas.

Under our guidance the constitutional or executive secretary of each state medical society has tediously considered the "flow of medical trade" in every community, county and section of his state. The secretaries of many county societies have given much information about local conditions. Letters were obtained from physicians of long experience in many communities, especially along the state borders, before the boundaries of the medical service areas were finally drawn. It must be understood that physicians, through their referrals, give direction to the flow of medical trade. In the absence of a better summation of all

7406. 11197

Medical Service Areas by States: Number of Intrastate and Interstate Areas with Code Numbers; Number of Primary and Prime-Primary Centers.*

Section and State	(1) No. of Intrastate Areas †	(1A) Code Numbers	(2) No. of Interstate Areas	(2A) Code Numbers	(3) No. of Primary Centers †	(4) No. of Prime-Primary Centers
New England						
Maine	10	1-10	0	.....	22	0
New Hampshire	4	23, 26-28	3	24-25, 29	7	1
Vermont	5	24-28	0	.....	7	1
Massachusetts	6	43, 46 47-49	2	44, 48 51	18	5
Rhode Island	0	.....	2	50-52	3	1
Connecticut	3	69, 65-71	1	64	10	3
Middle Atlantic						
New York	23	76-98	0	.....	38	5
Pennsylvania	15	108-106 109-112 116-117 119-130	4	107, 113 118, 121	26	2
New Jersey	9	126-130 122-125	1	131	13	1
South Atlantic						
Delaware	1	143	2	140-142	4	1
Maryland	1	151	4	146-150 152	5	1
Dist. of Columbia	0	.....	1	157	1	1
West Virginia	5	158-161 165, 167	5	162-164 166, 168	12	0
Virginia	11	170-184 169	5	170-174 185 187-189	20	2
North Carolina	8	190-194 197-201 204	4	195-196 202-203	22	4
South Carolina	12	208-213 215-221	1	214	15	2
Georgia	4	229, 231 234, 236	8	226-228 230 232-233 235, 237	20	2
Florida	10	245 240-208	5	242-244 246-247	24	3
East North Central						
Michigan	23	267-269 272-280 282	8	270-271 281	29	1
Wisconsin	12	296 300-305 307-310 313	5	297, 299 306 311-312	21	2
Ohio	24	318-324 326-329 341 343-344	4	325, 340 342, 345	30	3
Indiana	14	354-357 360-362 365-367 370-371	10	358-359 363, 364 368-369 372-373	20	1
Illinois	19	378-387 390-395 396-400	5	378 388-389 394, 401	42	1
East South Central						
Kentucky	8	408-408 415-416	3	409-411	15	1
Tennessee	2	422 426	8	421 423-425 427-430	16	2
Alabama	9	436 438-445	4	435, 437 446-447	13	1
Mississippi	9	454, 456 458	10	452-453 455, 457 459, 462 464-465 467-470	22	0
West North Central						
Minnesota	16	475-479 481-484 486 488-492 496	7	480, 485 487 493-495 497	29	3
North Dakota	7	508-506 508 510-511	6	502, 507, 509 512-514	15	0
South Dakota	5	521 524-525 528, 530	9	519-520 522-523 526-527 529 531-532	15	0
Iowa	11	537-539 541-542 548-551	7	540 543-545 552-554	21	4
Nebraska	17	560-565 564-568 568-571 575-579 582 584	12	561-563 567 572-573 580-581 583 585-587	29	5
Missouri	15	595-600 595-597 600-602 604-607 610-612 617	12	594-595 598-599 604 608-609 613-616 619	28	2
Kansas	16	623-627 630-632 635-639 642-643	7	628-629 634 640-641 644-645	23	1
West South Central						
Arkansas	4	650 652-656	3	651-652 658	12	1
Oklahoma	25	661, 668-668 668-675 677-680	8	662 667 676	30	4
Texas	32	686, 688 701-715 717-721	7	686-686 697 699-700 716	74	5
Louisiana	13	727 729-737 740-742	4	726, 728 738-739	25	2
Mountain						
Montana	8	747-750 756-764 766	4	751, 765 767-768	14	0
Idaho	1	767	4	769-702	7	0
Wyoming	5	772 776-777 782-783	8	773-775 778-781 784	23	0
Colorado	24	788-812	0	.....	28	1
Utah	10	819 821-829	2	817-818 820	14	1
Nevada	2	804	2	805	6	1
New Mexico	9	844-846 848 850-854	4	806-807 847, 849 855-856	15	1
Arizona	7	861-865 867-868	1	860	12	2
Pacific						
Washington	21	873-881 886-889 891-896	2	882, 890	26	3
Oregon	14	900-901 904-915	3	902-903 916	20	1
California	28	921-946	0		28	4
Total	845		212		1,000	(87)

*In this table the states are arranged in nine regions but the arrangement within each region is determined by the sequence of code numbers. The code numbers run from 1 to 946 for the 787 areas. There are four unused numbers between each state and one following the District of Columbia. These unused numbers are for possible future expansion or changes in areas. The code number of the area is located in the top or south part of the area or, where convenient, in the northeast corner of the area. The order of numbering areas follows the same general rule starting with the area in the state farthest north or northeast and numbering from right to left for the top tier and from left to right for the second tier and from right to left for the third tier. This system is an adaptation of the surveyor's method of numbering sections in a township, but it is difficult for the reader to follow because of the irregular shapes and sizes of the areas. The numbers are consecutive within the state. The area code number will be punched into the punch card of every physician in the area. Henceforth the Bureau will use only medical service area and state groupings of physicians in its published statistical summaries.

The order in which the states in each section are numbered follows the same rule; that is, the state farthest north or northeast has the lowest set of numbers (columns 1A and 2A). The next state in the numbering system is west, or west and south of the first state. Again this order of states in the numbering has been an adaptation of the surveyor's method of numbering the sections in a township.

† Of the 787 areas, 212 straddle the boundaries of two or more states as shown in columns (2) and (2A). The remaining 545 are intrastate areas; the number of intrastate areas for each state is shown in column (1) and the code numbers of the intrastate areas in column (1A). Of these 212 interstate areas, 169 have primary centers in only the one state and are assigned to that state; 43 areas have primary centers in two states and are assigned to the state in which the largest (or larger) primary center is located. Only the Chicago area has centers in three states.

‡ In column (3) the number of primary centers for each state are shown. This number includes the number of prime-primary centers, if any, for each state; the latter are set forth separately in column (4). It should be clearly understood that the 87 prime-primary centers are included in the 1,000 primary centers as the former is merely a special case of the latter. Every prime-primary center is a primary center. The number of secondary centers for each state has not yet been tabulated.

services rendered by physicians, the several hun-
11198 dred helpers were advised to use the flow of dollars paid to physicians as the measure of the flow and direction of medical trade. This summation is not ideal for medical services, but it is the measure used in most trading area studies.

WORK DONE BY STATE SOCIETIES

Students of marketing will appreciate the difficulties in designating the primary centers. The first step was to assume *a priori* that each county contained a primary center. On the basis of that assumption we asked and obtained from a good many county medical societies maps circumscribing the territory served by the members of the county medical society. In practically all instances the area was larger than the county, sometimes larger than several counties. The second step was to ask the state medical societies to designate the primary medical service centers. The secretary or, much more often, the executive secretary of the state medical society assumed this task. By means of voluminous correspondence and many personal conferences the list of primary centers was finally agreed on. During these discussions and in the correspondence, we made considerable use of other trading area studies—particularly those of the Curtis Publishing Company[2] and certain marketing area studies by Professor Paul D. Converse of the University of Illinois.[3] The cities of each state were arranged in descending order of population with the number of physicians and hospital beds shown for each city, and the larger centers were designated as primary; some cities not so designated are larger than some of the designated centers. Almost without exception the number of primary medical service centers in each state exceeds the number of primary trading centers per state in any other marketing study which we have examined closely during the past two years. Thus the selection of the primary medical service centers was the most important factor in determining the size, shape and number of medical service areas. In order to avoid the strait jacket of uni-

2. Market Areas for Shopping Lines, Research Department, The Curtis Publishing Company, Philadelphia, 1947.

3. Retail Trade Areas in Illinois, Business Studies no. 4, Bureau of Economic and Business Research, University of Illinois, Urbana, 1946.

formity we did not require a minimum population or minimum number of physicians.

It is not unusual in marketing area studies to designate two and occasionally three centers in a few areas. Our study is peculiar in that we seem to have an unusually large number of areas with two or even three primary medical service centers. At this stage of the study it would appear that such a result really reflects the medical trading habits of the people and the conditions of supply. The number of areas with more than one primary center is somewhat larger than anticipated on the basis of the fine work which has been done in marketing studies by others. It is possible that the procedures followed in making this study have tended to produce this result. Certainly one and one-half centers per area, on the average, do not necessarily lessen the acceptability of the results; they may improve the results.

COUNTIES NOT USED

Several eminent authorities on the subject of trading areas have grouped counties together into areas solely because many of the economic data (retail sales, buying power, population, etc.) were not readily available for pieces of counties. As far as can be determined, authorities on marketing studies do not use counties if the data are available for townships. Fortunately for this study, the Bureau's punch card inventory will provide the necessary detail on physicians by towns with populations of 100 or over; the task of estimating the population of each of these 757 irregularly shaped areas is proving formidable and tedious. Buying power data are not required for population-physician ratios, but their absence from this study would mean that the demand for medical service had not been measured. We may yet attempt to prorate county buying power data to our medical service areas. In no realm of economics can demand be measured by counting the noses of potential buyers; yet counting potential patients per physician has a small degree of validity for limited purposes because of the class price feature of the physician's charges for his services and because of free services that he renders. At least our population-physician ratios for these irregularly shaped nonpolitical areas will be "less worse" than the traditional ratios based on coun-

ties. The county is an anachronism even in government.[4] Today the county boundary is no barrier to trade. In particular, the physician is licensed to practice in a state and not in a county. Many of his patients in this day of rapid transportation reside in adjacent counties, adjacent congressional districts or even in an adjacent state. Hence the medical service area provides the only scientific grouping of persons and the physicians who serve them for the purpose of measuring the supply and distribution of physicians.

TO MARKETING AUTHORITIES

Since this study belongs in the field of marketing research as well as in medical economic research, a few comments for students of general marketing problems will orient the results. They will note several features of this map and the data presented in the accompanying table. First, the number of areas, 757, is larger (and the average size smaller) than they would expect.[5] Second, the number of areas with two and even three primary centers is far greater than they would expect. Third, as they would expect, most of the larger areas are in the sparsely populated sections. Fourth, our single set of areas for both the general practitioner and the specialist conceals a number of important marketing factors; most primary centers and some secondary centers contain both. Fifth, the number and extent of medical service area boundaries which coincide with state boundaries will seem excessive to them, for state licensure laws are less of a barrier to interstate medical trading than the understandable tendency of physicians to refer their patients to other physicians in their own state medical society. Sixth, the peculiarities of the medical trading habits of the American people revealed in this progress report will not obscure the close relationship between the medical and the general trading habits of the people in all sections of the county. Seventh, the areas shown on this map will become more meaningful when later superimposed on additional maps showing hard roads,

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4. These comments regarding the county as an economic unit are not intended as an appraisal of the county as a unit for medical organization.

5. For example, there are 498 areas in the Curtis study and 613 in the Hearst study (The Trading Area System of Sales Control for Consumer Durable Goods Industries [a map], Hearst Magazines Incorporated, Marketing Division, 1948).

topography, and primary and secondary centers. Eighth, some of these 757 areas do agree rather closely with the areas which would be established by rigid application of Reilly's Law of Retail Trade Gravitation.

* * * * *

11199 This is a progress report. Some of the boundaries and areas may yet be altered slightly. The list of primary and prime-primary centers is still subject to additions and deletions. Even the final draft will be subject to subsequent changes in a few years because new centers will be created by the federal-state hospital construction program (Hill-Burton Act). All trading habits of the people are subject to change; the boundaries of political areas within the United States rarely change. The Bureau hopes to replace this informed opinion type of survey someday with a statistical sampling type of survey of the medical trading habits of the American people. All that one can say now is this: Every one in the United States lives in one of the 757 medical service areas and there are physicians in each of these areas on whom persons in the area usually depend for their medical care; although some persons live near the border of each medical service area, and some live in counties which have no physicians, none live outside a medical service area.—*J. A. M. A.*, pp. 1021-1028 (April 1) 1949.

Current Comment

MEDICAL SERVICE AREAS IN THE UNITED STATES

Elsewhere in this issue is a progress report on the study of medical service areas begun more than two years ago by the Bureau of Medical Economic Research of the American Medical Association. The objective is to map the areas in which patients reside who are served by physicians in the principal towns and cities in the United States. Now that the areas have been established, the number of persons per physician in each area can be determined and the resulting population-physician ratios will provide some indication of the distribution of physicians. Traditionally this ratio has been established for counties and states.

In this era of rapid transportation many of the patients seen by a physician in any one year actually reside outside the physician's own county. The map accompanying this progress report shows 757 areas of many shapes and sizes; this is an average of four counties per area. Of these 757 areas, 212 are interstate and 545 are intrastate; physicians and patients frequently cross state lines to give or receive medical care. There are 1,090 primary medical service centers, of which 87 are classified as prime-primary centers. This latter designation means that each of these 87 cities offers every type of medical treatment and surgery. The primary medical service centers are cities and towns which, relative to the nearby towns and villages, are primary sources of medical care. All these numbers are, of course, subject to revision before the book manuscript is completed—probably late in 1949. The attention of the student of marketing problems is drawn to this study by specific statements in the progress report. There are more areas and more centers than recent general trading area studies have established. The ways in which the people secure medical service are quite similar to their general trading habits but medical purchase is more localized. During these two years much assistance has been given the Bureau of Medical Economic Research by the secretaries, both elected and executive, of the state and county medical societies. This is an informed opinion, nonstatistical type of survey. When the study is finally completed, accurate information should be available for the first time regarding the supply and distribution of physicians throughout the country. Even this preliminary report should be sufficient evidence to convince many that the number of persons per physician in any county is a meaningless figure. Few of the boundary lines of the 757 medical service areas on the map coincide with the boundaries of counties; henceforth citation of population-physician ratios by counties and enumerations of counties without physicians should be abandoned.—*J. A. M. A.*, p. 1005 (April 9) 1949.

Plaintiff's Exhibit 1680

11206 Nov. 8, 1944.

Dr. Ross P. Atkinson
Goldendale, Washington.

Dear Dr. Atkinson:

Enclosed will kindly find check for $235.00 payment for surgery on Dan Robinson, employee of the J. Neils Lumber Company.

The fee allowed by the State Industrial Accident Commission of Oregon, for a double inguinal hernia repair is $100.00, and we are paying your bill at that rate Dr. Atkinson. We are paying for the appendectomy and the tonsilectomy as charged. We might state however, that if the appendectomy is done through the opening made for the inguinal hernia repair, the usual fee charged for an appendectomy is about half of the normal fee. However, we are paying this at the rate charged.

Hoping this will be satisfactory with you, Doctor, we are

Sincerely yours,

PRUDENTIAL HOSPITAL ASSOCIATION

A. E. King, M. D.

AEK:pc
encl.

11207 Jan. 19, 1944.

Dr. Rosser P. Atkinson
Goldendale, Washington.

Dear Doctor Atkinson:

Re: Hubert Greenfield

We have your letter regarding the chronic knee injury suffered by Mr. Greenfield.

Did this injury occur on the job, Doctor, and does he expect it to come under the Department of Labor and Industries? If so, he will have to have the papers filled out up there; if not, we would, of course, take care of it. Anyway, we have made a definite appointment with Dr. E. G. Chuinard, the orthopedist, for next Tuesday, Janu-

ary 25th, at 3:30 P. M., and have so advised Mr. Greenfield.

Thank you very kindly, Doctor Atkinson, for your information regarding Mrs. Modin. We hope for her speedy recovery.

Very truly yours,

PRUDENTIAL HOSPITAL ASSOCIATION

A. E. King, M. D.
Per

Plaintiff's Exhibit 1683

11208

ROSSER P. ATKINSON
PHYSICIAN AND SURGEON

GOLDENDALE - WASHINGTON

January 14, 1944

Prudential Hospital Association
Morgan Building
Portland 5, Oregon

Gentlemen:

Mr. Hubert Greenfield on original list, of Klickitat, Washington, has a chronic knee injury. I have not been able to do a great deal for it, and I would like to have him see some orthopedist. I wonder if this could be done under the auspices of your organization? If so, would you select a competent person and make an appointment for Mr. Greenfield—and then notify him? He would need only twenty-four hours' notice. We will appreciate any plan you can work out for this man.

Also I would like to explain a certain case that is going to probably reduce your funds somewhat. A Mrs. Arlene Modin of Klickitat, Washington, was apparently stricken with a pneumonia in August or September 1943. Following this she consulted several physicians who gave here some cough medicine. She returned to work but has rapidly failed both in strength and in sense of well-being. Investigation shows that she had an unresolved pneumonia in the left lower lobe, with severe anemia, and very high Sedimentation Rate. She is responding slowly to therapy although

her convalescense is more or less prolonged. I will try to get her out of the hospital as soon as possible.

We do appreciate the fine cooperation you have given us in the past.

Sincerely yours,

(Signed) Rosser P. Atkinson
Rosser P. Atkinson, M. D.

Plaintiff's Exhibit 1685

11209 August 25, 1943.

W. A. Briggs
Klickitat, Washington.

Dear Mr. Briggs:

In accordance with a request from Dr. Coberth of The Dalles, we have made a definite appointment for you to be examined by Dr. John Raaf, Medical Dental Building, 11th and Taylor Sts., Portland, Oregon, at 3:00 p.m. on Wednesday, Sept. 15.

If this date is not convenient for you, please let us know at once, and we will cancel the appointment.

If possible, we would appreciate your coming in to our offices on your way to Dr. Raaf, if that is not possible then we will see you after you have your examination. Our offices are on the Third floor of the Morgan Building, Broadway and Washington St.

Sincerely yours,

Prudential Hospital Association
Cashier.

Plaintiff's Exhibit 1687

11210 July 30, 1943.

Dr. A. O. Brewer
Klickitat, Washington.

Dear Doctor Brewer:

Mrs. Connie Millerup was in and was given quite a complete check-up. An X-Ray of her back showed a slight sacroiliac displacement, which was adjusted. However, it was not felt that this was the cause of the pain in her side. She has, as you know, a considerable female trouble, the cervix of the uterus being boggy and cystic and an old tear, the left tube seems thick and very tender; the uterus, however, is apparently normal and freely moveable. She was given an ichthyol and glycerine tampon and it was believed that some treatments with ichthyol and glycerine tampons every other day might relieve that condition, although, of course, what she needs is an operation for that female trouble. She has, as you know, a cauliflower anis and I believe is quite constipated, but I guess she has probably become used to that by this time.

In taking the X-Ray of the back it revealed some calcified deposits in the glands along the psoas muscle on the right side; these glands are about midway between the twelfth rib and the crest of the ilium and the sacrum. Why they should be there, no one seems to know, but they are doing no harm and there is no indication for their removal.

We are enclosing the laboratory reports and you will note that Mrs. Millerup is somewhat anaemic and has four plus pus in the urine. The one plus albumen is undoubtedly due to this pus.

It was felt here, that that pain was due entirely to the female trouble and that was aggravated by the hard work she was doing. In talking to her, she told me that it was not necessary that she work, and I advised her to quit work for a while, or possibly permanently, at least the hard work that she has been doing.

Hoping this report will be of some assistance to you, I am

Fraternally yours,

A. E. King, M. D.

AEK:pc

Plaintiff's Exhibit 1688

11211

A. O. BREWER, M. D.
KLICKITAT, WASHINGTON

2—15—'43

Dr. A. E. King
Portland, Ore.

Dear Doctor:

There is an undulant fever scare here and I wish if it is possible to obtain, (a few ampules or in what ever form it comes in) "Brucellergen" to use as skin tests on suspects. Rush it!

I am getting along O. K. and hope your health continues good.

You will remember my daughter and son-in-law? Well he has been drafted and it has just about broken her up in business, I feel sorry for her.

She keeps the book in Reders Drug Store in Vancouver.

11212

Feb. 16, 1943.

Dr. A. O. Brewer
Klickitat, Washington.

Dear Doctor Brewer:

The only immediately available supply of Brucellergen was at the Burggan Laboratory, and we have asked them to rush you enough for the present emergency. This should reach you on Wednesday, if not kindly let us know.

Sincerely yours,

PRUDENTIAL HOSPITAL ASSOCIATION

Polly B. Cheney, Cashier.

Plaintiff's Exhibit 1690

11213 Aug. 10, 1943.

Cole Chemical Company
St. Louis, Mo.

Gentlemen:

Kindly mail us one thousand Thyro-Strychnine Compound tablets.

Sincerely yours,

PRUDENTIAL HOSPITAL ASSOCIATION

Polly B. Cheney, Cashier.

Plaintiff's Exhibit 1691

11214 March 16, 1948.

Cutter Laboratories
Berkeley, Calif.

Dear Dr. Cutter:

Mrs. Audrey Roberts who has been taking shots for some few years, has on hand a complete treatment set, Serial 28597, expiration date Sept. 19, 1948.

She was given a scratch test today and reacted to the following, Alkali-Rye Grass three plus, Brome Grass one plus, Canadian Blue Grass three plus, Cheat Grass one plus, Koehler's Grass one plus, Orchard Grass two plus, Quack Grass one plus, Red Top Grass one plus, Rye Grass one plus, Sweet Vernal one plus, Timothy Grass four plus, Velvet Grass one plus and Wild Oats one plus.

In as much as the patient is not happy about re-ordering a new treatment set, knowing that we have the one previously ordered, we are wondering if we could possibly use her present serum without loading her up on the things to which she showed no reaction today. We would certainly be very grateful to you for your opinion and advise on this case.

Sincerely yours,

PRUDENTIAL HOSPITAL ASSOCIATION

Polly B. Cheney, Off. Mgr

Plaintiff's Exhibit 1692

11215 CUTTER LABORATORIES

U. S. GOVERNMENT LICENSE NUMBER 8

TELEPHONE
BERKELEY 9420

CABLE ADDRESS
"VACCINES" BERKELEY

FOURTH AND PARKER STREETS
BERKELEY 1, CALIFORNIA

March 18, 1948

Miss Polly B. Cheney
Prudential Hospital Association
Morgan Building
Portland 5, Oregon

Re: Mrs. Audrey Roberts

Dear Miss Cheney:

If I were you, I would use the treatment which you have on hand. Personally I lean very heavily on the very first set of tests ever put on a patient. Later tests, particularly after treatment, seem to vary all over the map with no apparent rhyme nor reason. For instance, if you make this test again next year, I'll bet apples against avocados that you will find it quite different from the one made this year.

As a matter of fact, I think it would be quite unsafe to leave out such pollens as careless weed, mugwort, and lambs quarter simply because the patient no longer gives a skin test to them. Not infrequently the skin reaction will become entirely negative to all pollens long before the mucous membrane sensitivity shows any appreciable lessening.

In this particular case where all of the more recent reactions are to the grasses, and the two which are in the extract and to which she reacts positively are not the two which now give the greatest reaction, I might worry more about not having some of these like timothy, to which she gives the four plus, included in the extract. But you have to treat the patient as well as the disease, and I think the poker chances are good enough in this case so that it would pay to use the old extract rather than to send her off with a mental hazard of feeling forced into spending

money when she still has an apparently suitable extract in your icebox. So I would go ahead and use the treatment you have just as it is.

Sincerely,

CUTTER LABORATORIES

(Signed) ROBERT K. CUTTER
Robert K. Cutter, M. D.

RKC:eh

Plaintiff's Exhibit 1693

11216 CUTTER LABORATORIES

U. S. GOVERNMENT LICENSE NUMBER 8

TELEPHONE
BERKELEY 9420

CABLE ADDRESS
"VACINES" BERKELEY

FOURTH AND PARKER STREETS
BERKELEY 1, CALIFORNIA

March 25, 1947

Prudential Hospital Association
Morgan Building
Portland 5, Oregon

Attention: Polly B. Cheney

Dear Miss Cheney:

Just received your letter in regard to the charges made for allergenic refills for: Beulah Rigby; Frederick Boehme; and Audrey Roberts:

The free vial offer is sanctioned when the request for the continuation vial is made within six months of the date of the order for the complete treatment. For instance, an order received for a complete treatment in June of 1946 —the free vial offer would be good until December of 1946.

The expiration date that appears just below the serial number on the carton is the eighteen month dating all the allergy extracts receive. This date you see is a full year longer than the free offer date.

I am enclosing a flap from one of our complete treatment cartons which will probably make this clearer than I have.

Sure sorry about this misunderstanding—don't hesitate to write again if I can help in any way.

Sincerely,

CUTTER LABORATORIES

(Signed) ROSE HORRIGAN
Rose Horrigan
Allergy Department

Plaintiff's Exhibit 1694

11217 CUTTER LABORATORIES

U. S. GOVERNMENT LICENSE NUMBER 8

TELEPHONE
BERKELEY 9420

CABLE ADDRESS
"VACINES" BERKELEY

FOURTH AND PARKER STREETS
BERKELEY 1, CALIFORNIA

August 19, 1947

Prudential Hospital Association
Morgan Building
Portland 5, Oregon

Re: Earl Murray

Attention: Polly B. Cheney

There is no established period of therapy for any allergy. If stopped too early in a large percentage of the sufferers the symptoms will manifest themselves within a couple of months. If the treatment is discontinued at a favorable point many patients will experience a temporary "cure". This means that for a few months no symptoms will be evident, and perhaps a whole year could pass before symptoms would occur. After such a period there will occur moderate symptoms which will tend to become progressively worse. So you see—there is no hard and fast rule on this—some patients remain symptom free for very long periods and others not so long—and again there is the possibility of the patient remaining permanently symptom-free.

It might be well for Mr. Murray to try spacing his treatments at longer periods. Some Doctors treat their patients perennially at four to six week intervals.

I know that I have not given you any definite information on your question—but that's the way it is with allergic patients—they all respond differently.

Sincerely,

CUTTER LABORATORIES

(Signed) ROSE HORRIGAN
R. Horrigan
Allergy Division

Plaintiff's Exhibit 1695

11218 October 15, 1946.

Cutter Laboratories
Attention Rose Horrigan
Berkeley, Calif.

Re: Charles Kulow.

Dear Miss Horrigan:

Thank you very kindly for your letter regarding this patient and the advisability of his continuing treatment throughout the year.

After discussing the case with Mr. Kulow and the technician who has been in charge of his case, it was decided to maintain the shots throughout the winter months and we would appreciate it very much indeed if you will make up additional extract and forward to us.

Again thanking you for your interest and cooperation, we are

Very truly yours,

PRUDENTIAL HOSPITAL ASSOCIATION

Polly B. Cheney, Office Mgr.

11219 September 16, 1946.

Cutter Laboratories
Berkeley, Calif.

Re: Charles Kulow

Dear Dr. Cutter:

Again we are coming to you for advice.

Mr. Kulow had been troubled by very severe asthmatic attacks and in May, 1945, we did a scratch test and though his reactions were slight, you advised trying the serum. He has had splendid results and has kept up his maintenance shots. At the present time he has only enough serum for two more shots and we are enclosing the folder.

If, in your opinion this patient should continue with the shots throughout the winter, we will appreciate receiving additional serum.

Mr. Kulow is asking about the advisibility of a re-check at this time on the scratch test. We would also like your opinion as to whether it would be best to make this test now, or wait until January, when we usually do the re-check tests.

Thanking you for your courtesy and cooperation, we are

Sincerely yours,

PRUDENTIAL HOSPITAL ASSOCIATION

Polly B. Cheney, Office Mgr.

P. S. Mr. Kulow has recently had a couple of rather severe attacks of asthma.

11220 CUTTER LABORATORIES

U. S. GOVERNMENT LICENSE NUMBER 8

TELEPHONE
BERKELEY 9420

CABLE ADDRESS
"VACINES" BERKELEY

FOURTH AND PARKER STREETS
BERKELEY 1, CALIFORNIA

September 19, 1946

Prudential Hospital Association
Morgan Building
Portland 5, Oregon

Attention: Polly B. Cheney

Dear Miss Cheney:

In regard to having Mr. Kulow retested for his hay fever offenders. In view of the fact that he has had injections of pollen extracts right along, it is a fact that his reactions to any tests which you might run now will be very light and in some cases almost negative—as you know, after receiving injections over a period of time, the skin sensitivity will tend to lessen, and from his past record his first test reactions were so very slight. So I would not retest for pollens, but if you feel that some of the other excitants such as house dust, feather, and animal danders could be possible offenders and he has not been tested for these I would go ahead and make tests for these.

Now, about continuing his shots throughout the winter months,—throughout the year treatment for hay fever has become popular in the last few years. The advantages of the perennial method are several, but what is more important of all is the fact that, on the average, perennial treatment produces a more effective and more lasting result than the preseasonal method. The treatment can be spaced from 2 to 4 week intervals through the entire year. In some cases a few more closely spaced treatments are then given a few weeks before the season. This however is seldom necessary if a sufficiently high maximum dose has been reached. I will leave it up to you whether you wish Mr. Kulow to follow the perennial method and will wait for your word to make further extracts for him.

You mentioned the recent attacks of asthma suffered by this patient, can he have been overly exposed to some of these pollens recently?

Sincerely,

CUTTER LABORATORIES

(Signed) ROSE HORRIGAN

Plaintiff's Exhibit 1696

11221 Feb. 28, 1946.

Cutter Laboratories

Attention: Dr. R. K. Cutter

P. O. Box 245
Berkeley, 1, Calif.

Dear Dr. Cutter:

Enclosed kindly find test chart on Lloyd Sanford. Mr. Sanford has taken the serum in previous years, though he did not do so last year, and this year has several new reactions.

There are a number of questions we would like to ask regarding the tests and use of serum and if you can possibly help us we would be very grateful, or if you have any literature on this line of work we would be pleased to receive whatever you feel would be helpful.

We have one patient, Mrs. Theresa Fenolio, who has had scratch tests for a number of years, annually, and has taken the serum, and during this past year she has taken the control all winter with the exception of one month. Last week she was given a scratch test and showed absolutely no reactions. She has not had the maintenance shot now for six weeks, would you advise her to continue with this shot, and if so, what dosage should be given after this lapse of time between shots?

Should these old offenders, who now show a negative reactions continue taking maintenance shots?

Trusting you will forgive us for being so much trouble, and looking forward to receiving your advice, we are

Sincerely yours,

PRUDENTIAL HOSPITAL ASSOCIATION

Polly B. Cheney, Office Mgr.

Plaintiff's Exhibit 1697

11222 Mar. 14, 1946.

Dr. R. K. Cutter
P. O. Box 245
Berkeley, Calif.

Dear Dr. Cutter:

Enclosed kindly find test chart for Buelah Rigby. We would appreciate receiving the treatment set for this patient.

Thanking you for your many kindnesses and cooperation, we are

Sincerely yours,

PRUDENTIAL HOSPITAL ASSOCIATION

Polly B. Cheney, Office Mgr.

Plaintiff's Exhibit 1698

11223 May 24, 1945.

Cutter Laboratories
64 Cobb Bldg.,
Seattle, Washington.

Gentlemen:

Thank you for your letter of the 23rd, regarding the April 9th shipment.

Our pharmacist checked over the supply in the refrigerator and asked me to say, that she believes we were in the wrong. Apparently this order came in during her absence, was placed in the refrigerator and the invoice lost. We will appreciate it very much indeed, if you will have a

duplicate invoice for No. 2919, $4.80, mailed to us for our records.

Thanking you for your help in this matter, we are

Sincerely yours,

PRUDENTIAL HOSPITAL ASSOCIATION

Polly B. Cheney, Office Mgr.

11224 CUTTER LABORATORIES

U. S. GOVERNMENT LICENSE NUMBERS 8 AND 52

TELEPHONE
BERKELEY 9420

CABLE ADDRESS
"VACINES" BERKELEY

FOURTH AND PARKER STREETS
BERKELEY, CALIFORNIA

SEATTLE BRANCH 64 COBB BUILDING
SEATTLE 1, WASHINGTON

May 23, 1945

Prudential Hospital Association
Morgan Bldg.
Portland, 5, Oregon

Gentlemen:

Your letter of May 8th was forwarded us from our Home office in Berkeley, California.

In checking our records we find that two diptussis plain were sent you on April 9th by Parcel Post. Perhaps this was received in a different department therefore you never saw it. Would you please check on this for us. You were sent two 10cc Diptussis plain today. Let us know if these were received.

We appreciate your orders and hope that everything is taken care of to your satisfaction.

We will not have any Coliron available until the latter part of June.

Sincerely,

CUTTER LABORATORIES

(Signed) FRANCES RICKY
Seattle Branch

DT

Plaintiff's Exhibit 1699

11225 April 1, 1944.

Cutter Laboratories
Berkeley, Calif.

Dear Dr. Cutter:

Enclosed kindly find test charts for Mr. W. A. Robertson and Miss Katherine Heald.

Kindly make up the necessary treatment sets for these patients and forward to us.

Also, Mrs. Bree is out of the chart forms and would appreciate an additional supply.

Sincerely yours,

PRUDENTIAL HOSPITAL ASSOCIATION

Polly B. Cheney, Office Mgr.

pc
enc

Plaintiff's Exhibit 1708

11226 Dec. 9, 1947.

Cutter Laboratories
Berkeley, Calif.

Dear Dr. Cutter:

Thank you very kindly for your letter regarding our questions on hay fever serum for Miss Katherine Heald.

This patient still feels that she wishes to take the serum this coming season and wished us to re-check her reactions, so we agreed, and are enclosing the new test chart and request that the serum be made up for her. She is planning on having the treatment started while she is confined to Providence Hospital, following an operation on her hip, which she expects to undergo next month. I believe a pamphlet accompanies the treatment set, which will enable the nurses at the hospital to give the injections. The patient is wondering however, if the instruction sheet will state the amount that should be given in the maintenance shots which she takes once a month, after she at-

tains the strongest dilution. If it is not too much trouble, would certainly appreciate your advice regarding this question.

Thanking you in advance, we are

Sincerely yours,

PRUDENTIAL HOSPITAL ASSOCIATION

Polly B. Cheney, Off. Mgr.

Plaintiff's Exhibit 1709

11227 May 8, 1946

Cutter Laboratories
Berkeley, Calif.

Dear Dr. Cutter:

Enclosed kindly find test chart for Jacqueline Fox.

Kindly forward to us the required treatment set for this patient.

Sincerely yours,

PRUDENTIAL HOSPITAL ASSOCIATION

Polly B. Cheney, Office Mgr.

Plaintiff's Exhibit 1710

11228 April 19, 1946.

Cutter Laboratories
P. O. 245
Berkeley, 1, Calif.

Dear Dr. Cutter:

Enclosed is a shipping bill for 50 pollen test set, N. W. and Mountain, which we are returning to you in as much as there is evidently an error in this order. We received a like shipment from you in February and Invoice 14378 and are not in need of another shipment at this time. Probably it was intended for some other firm and we are returning the shipment to you by return mail.

However, we would appreciate a refill of Allerganic Extract, Serial No. 16687, Audrey Roberts.

We would also like to ask your opinion about a new patient, who is having hay fever for the first time. This man was formerly an outside salesman and has recently commenced working in a coffee and spice firm. Symptoms appeared as soon as he took the new position and we found him to be four plus to coffee. He sneezes when near either green or roasted coffee. Aside from changing his work, would you be able to suggest any relief for this man?

Thanking you in advance, we are

Sincerely yours,

PRUDENTIAL HOSPITAL ASSN.

Polly B. Cheney, Office Mgr.

Plaintiff's Exhibit 1711

11229 August 14, 1944.

Mr. D. R. Densley Jr.
Klickitat, Washington.

Dear Mr. Densley:

Upon the request of Dr. Rosser Atkinson we have made an appointment for you for X-Ray examination by Drs. Haworth and Isenhart, 214 Medical Dental Bldg. 11th and Taylor Sts., of this city, at 9:00 a. m. on the morning of Wednesday, Auguest 23. They ask that you come in, at that time, *without anything to eat or drink after midnight of the night before.* Also they will want you at 9:00 a. m. on the following morning, August 24th, to complete the examination.

We have also advised Dr. Atkinson of this appointment and if for any reason you cannot keep the appointment please advise me so that we can break the appointment.

When Drs. Isenhart and Haworth have released you on Wednesday we would appreciate it very much Mr. Densley, if you would report at our clinic, 350 Morgan Building, Broadway and Washington Sts., in order that we may have your laboratory tests made.

Sincerely yours,

PRUDENTIAL HOSPITAL ASSN.

Polly B. Cheney, Office Mgr.

Plaintiff's Exhibit 1712

11230 Mar. 7, 1944.

Mr. Milson Downham
Glenwood, Washington.

Dear Mr. Downham:

Under separte cover we are mailing you the serum received from Cutter Laboratories for the treatment of your asthmatic condition. The price of the serum is $8.00.

You may take this serum to any doctor you please, to have them give you the shots, as they will bill you direct for this type of treatment, in as much as it would not be covered by your Association. It would be best for you to place the serum in a cool place until such time as you take it to a physician.

Trusting you will get some relief from these shots, we are

Sincerely yours,
PRUDENTIAL HOSPITAL ASSN.
Polly B. Cheney, Cashier.

11231 April 12, 1944.

Mr. Milton Downham
Glenwood, Washington.

Dear Mr. Downham:

Wish to remind you of the bill of $8.00 outstanding for your hayfever serum. We would like to get this matter cleared up as we always like to send a check to the laboratories by the 10th of the month following purchase of merchandise.

Thanking you for an early response, we are

Sincerely yours,
PRUDENTIAL HOSPITAL ASSOCIATION
Polly B. Cheney, Cashier.

Plaintiff's Exhibit 1714

11232 Oct. 8, 1943.

Mr. Arthur L. Graham
Box 184
Klickitat, Washington.

Dear Mr. Graham:

Under separate cover we are mailing you some tablets to take as directed, until you come to Portland. Would advise you to continue taking the prescription Dr. Joslyn gave you, also.

Dr. McCollom can take you Wednesday, October 13th, at 7:45 in the morning, so you had better come in the night before, go directly to the Good Samaritan Hospital and tell them you are Dr. McCollom's patient for a tonsilectomy in the morning.

Sincerely yours,

PRUDENTIAL HOSPITAL ASSOCIATION

A. E. King, M. D.
President.

AEK;;c

11233

Klickitat Wash.
Box 184.
Oct. 6. 1943

Prudential Hospital Ass'n
Morgan Bld'g Portland Ore.

Dear Sirs:

In regards to your examination of my throat.
I am supposed to have my tonsils out, as Dr. Scovis of The Dalles is leaving for Chi. and won't be back for some time I have decided to come to Portland for the operation, will you kindly fix an appointment for Wednesday Oct 13, I started taking the medicine you prescribed on Oct, 4, Dr. McCollom or any doctor you reccomend will be satisfactory.

Dr. Joslyn has my case history.

Yours truly

(Signed) ARTHUR L. GRAHAM

P. S. Please notify me, if this is all rite. Arrive 9:00 A. M.

Plaintiff's Exhibit 1715

11234 June 9, 1943.

Harrower Laboratory, Inc.
Glendale, Calif.

Gentlemen:

Will you kindly mail literature on "Panocrin A" to Dr. R. S. Langmack, at Sweet Home, Oregon.

Sincerely yours,

PRUDENTIAL HOSPITAL ASSOCIATION

A. E. King, M. D.
President.

AEK:pc

Plaintiff's Exhibit 1716

11235 MIRIAM LINCOLN, M.D.
STIMSON BUILDING
SEATTLE

July 9, 1943

Prudential Hospitalization Plan
Stevens Building
Portland, Oregon

Gentlemen:

Delores Watson, (Mrs. William E.) one of your policyholders, has been a patient of mine since June 21st.

It is my understanding that your Company requires a diagnosis of each case before payment of fees can be made. She has had an acute febrile illness with swelling of her right knee joint, and elevated sedimentation rate, negative

cervical smear which you may tag as a mild acute arthritis.

Very truly yours

(Signed) MIRIAM LINCOLN
Miriam Lincoln, M.D.

ML/vt

11236 July 15, 1943

Dr. Miriam Lincoln
Stimson Building
Seattle, Washington.

Dear Doctor:

Mrs. William B. Watson has a policy with our Association which calls for treatment in Portland, Oregon only; however there is a clause in the policy which states we will furnish treatment for acute illness, but not to exceed the expenditure by the Association of more than fifteen dollars.

This amount could be paid directly to you on mailing us a bill for that amount, or to Mrs. Watson. If she mails us your receipted bill for that amount.

Sincerely yours,

PRUDENTIAL HOSPITAL ASSOCIATION

A. E. King, M.D.
President.

AEK:pc